

(Official Form 1) (12/03)

FORM B1		United States Bankruptcy Court Northern District of Illinois		Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): CLEMENTZ, STEPHEN J.		Name of Joint Debtor (Spouse) (Last, First, Middle): CLEMENTZ, GLORIA T.			
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-7454		Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-4684			
Street Address of Debtor (No. & Street, City, State & Zip Code): 420 Indian Ridge Trail Wauconda, IL 60084		Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 420 Indian Ridge Trail Wauconda, IL 60084			
County of Residence or of the Principal Place of Business: Lake		County of Residence or of the Principal Place of Business: Lake			
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):			
Location of Principal Assets of Business Debtor (if different from street address above):					
Information Regarding the Debtor (Check the Applicable Boxes)					
Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.					
Type of Debtor (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank			Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13		
Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business			Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.		
Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)					
Statistical/Administrative Information (Estimates only) <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors 1-15 16-49 50-99 100-199 200-999 1000-over <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Estimated Assets \$0 to \$50,000 \$50,001 to \$100,000 \$100,001 to \$500,000 \$500,001 to \$1 million \$1,000,001 to \$10 million \$10,000,001 to \$50 million \$50,000,001 to \$100 million More than \$100 million <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Estimated Debts \$0 to \$50,000 \$50,001 to \$100,000 \$100,001 to \$500,000 \$500,001 to \$1 million \$1,000,001 to \$10 million \$10,000,001 to \$50 million \$50,000,001 to \$100 million More than \$100 million <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

Voluntary Petition (This page must be completed and filed in every case)		Document Page 2 of 13 CLEMENTZ, STEPHEN J. CLEMENTZ, GLORIA T.		FORM B1, Page 2	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)					
Location Where Filed: - None -		Case Number:		Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)					
Name of Debtor: - None -		Case Number:		Date Filed:	
District:		Relationship:		Judge:	
Signatures					
Signature(s) of Debtor(s) (Individual/Joint) I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.			Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		
X <u>/s/ STEPHEN J. CLEMENTZ</u> Signature of Debtor STEPHEN J. CLEMENTZ			Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.		
X <u>/s/ GLORIA T. CLEMENTZ</u> Signature of Joint Debtor GLORIA T. CLEMENTZ			X <u>/s/ JOSEPH E. COHEN</u> October 15, 2005 Signature of Attorney for Debtor(s) Date JOSEPH E. COHEN		
Telephone Number (If not represented by attorney) October 15, 2005 Date			Exhibit C Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		
Signature of Attorney X <u>/s/ JOSEPH E. COHEN</u> Signature of Attorney for Debtor(s) JOSEPH E. COHEN 3123243 Printed Name of Attorney for Debtor(s) Cohen & Krol Firm Name 105 West Madison Street Suite 1100 Chicago, IL 60602-6400 Address 312-368-0300 Fax: 312-368-4559 Telephone Number October 15, 2005 Date			Signature of Non-Attorney Petition Preparer I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document. Printed Name of Bankruptcy Petition Preparer Social Security Number (Required by 11 U.S.C. § 110(c).) Address Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.		
Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.			X _____ Signature of Bankruptcy Petition Preparer Date A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.		
X _____ Signature of Authorized Individual Printed Name of Authorized Individual Title of Authorized Individual Date					

Form B6D
(12/03)

In re **STEPHEN J. CLEMENTZ,
GLORIA T. CLEMENTZ**

Case No. _____

Debtors

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No. 510672			Automobile Loan					
FIRST BANK & TRUST OF EVANSTON 820 Church Street Evanston, IL 60201		J	2004 Chevy Aveo					
			Value \$ 6,000.00				6,100.00	100.00
Account No. 154-9074-92971			Automobile Loan					
GMAC P. O. Box 217060 Auburn Hills, MI 48321		J	2005 Chevy Cobalt					
			Value \$ 11,000.00				12,800.00	1,800.00
Account No. 0107940496			First Mortgage					
GREENPOINT MORTGAGE P. O. Box 908 Newark, NJ 07101		J	Residence loacate at 420 Indian Ridge Trail Wauconda, IL 60084					
			Value \$ 280,000.00				97,800.00	0.00
Account No. 990998114			Automobile Lona					
HARRIS BANK P. O. Box 6201 Carol Stream, IL 60197		J	2003 Dodge Caravan					
			Value \$ 9,000.00				10,000.00	1,000.00
Subtotal (Total of this page)							126,700.00	

1 continuation sheets attached

Form B6D - Cont.
(12/03)

In re **STEPHEN J. CLEMENTZ,
GLORIA T. CLEMENTZ** Case No. _____
Debtors

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. 55250-5-0			Automobile Loan					
NEW SPIRIT CREDIT UNION 1931 N. Meacham Road Schaumburg, IL 60173		J	2001 Mustang					
			Value \$ 8,500.00				3,800.00	0.00
Account No. 0001-8918-251-998			Second Mortgage					
US BANK P. O. Box 790179 Saint Louis, MO 63179		J	Residence loacate at 420 Indian Ridge Trail Wauconda, IL 60084					
			Value \$ 280,000.00				100,576.00	0.00
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

Subtotal
(Total of this page)

104,376.00

Total
(Report on Summary of Schedules)

231,076.00

In re **STEPHEN J. CLEMENTZ,
GLORIA T. CLEMENTZ**

Case No. _____

Debtors

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3), as amended by § 1401 of Pub L. 109-8.

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

Form B6E - Cont.
(04/05)

In re **STEPHEN J. CLEMENTZ,
GLORIA T. CLEMENTZ** Case No. _____

Debtors

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM					
Account No. 354-48-7454								
ILLINOIS DEPT. OF REVENUE 100 W. Randolph Street Bankruptcy Section Chicago, IL 60601		J					1,000.00	1,000.00
Account No. 354-48-7454			Income Taxes					
INTERNAL REVENUE SERVICE 230 South Dearborn Street Mail Stop 5010 CHI Chicago, IL 60604		J					31,860.00	31,860.00
Account No.								
Account No.								
Account No.								

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page)

32,860.00

Total
(Report on Summary of Schedules)

32,860.00

Form B6F
(12/03)

In re **STEPHEN J. CLEMENTZ,
GLORIA T. CLEMENTZ**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 5477 5339 7508 0014 ADVANTA P. O. Box 8088 Philadelphia, PA 19101		J				12,000.00
Account No. 4003 4416 4694 1588 CAPITAL ONE P. O. Box 60000 Seattle, WA 98190		J				14,800.00
Account No. 5588 0082 0345 0103 CITICARD P. O. Box 6309 The Lakes, NV 88901		J				4,000.00
Account No. 6011 0075 7020 0260 DISCOVER CARD P. O. Box 30395 Salt Lake City, UT 84130-0395		J				15,000.00
Subtotal (Total of this page)						45,800.00

2 continuation sheets attached

Form B6F - Cont.
(12/03)

In re **STEPHEN J. CLEMENTZ,
GLORIA T. CLEMENTZ**

Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 5858 8323 9806 3659 FIFTH THIRD BANK P. O. Box 740789 Cincinnati, OH 45274	J	MasterCard Overdraft Protection				970.00
Account No. 09007 30136 00018 FIFTH THIRD BANK P. O. Box 630337 Cincinnati, OH 45263	J	Business Loan Personal Guarantee				14,490.00
Account No. 540179735 FIRESTONE Credit First P. O. box81344 Cleveland, OH 44188	J					400.00
Account No. JC BEARS 33 Mead Avenue Meadville, PA 16335	J					358.00
Account No. 4264 2960 7908 5327 MBNA P. O. Box 15286 Wilmington, DE 19886	J					15,800.00
Sheet no. <u>1</u> of <u>2</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						32,018.00
Subtotal (Total of this page)						32,018.00

Form B6F - Cont.
(12/03)

In re **STEPHEN J. CLEMENTZ,
GLORIA T. CLEMENTZ** Case No. _____

Debtors

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 5490 9960 7901 2972							
MBNA P. O. Box 15137 Wilmington, DE 19886		J					14,600.00
Account No. 4798 1710 6800 0063			Business Loan				
US BANK P. O. Box 790408 Saint Louis, MO 63179		J					11,100.00
Account No.			Old Lease Personal Guarantee				
WAUCONDA SHOPPING PLAZA 415 W. Liberty Wauconda, IL 60084		J					4,000.00
Account No.							
Account No.							
Sheet no. 2 of 2 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							29,700.00
Subtotal (Total of this page)							
Total (Report on Summary of Schedules)							107,518.00

Document Page 10 of 13
United States Bankruptcy Court
Northern District of Illinois

In re **STEPHEN J. CLEMENTZ**
GLORIA T. CLEMENTZ

Debtor(s)

Case No.

Chapter

13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$	2,200.00
Prior to the filing of this statement I have received.....	\$	2,200.00
Balance Due.....	\$	0.00

2. \$ **0.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **October 15, 2005**

/s/ JOSEPH E. COHEN

JOSEPH E. COHEN

Cohen & Krol

105 West Madison Street

Suite 1100

Chicago, IL 60602-6400

312-368-0300 Fax: 312-368-4559

**United States Bankruptcy Court
Northern District of Illinois**

In re STEPHEN J. CLEMENTZ
GLORIA T. CLEMENTZ Debtor(s) Case No. _____
Chapter 13

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 20

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: October 15, 2005 /s/ STEPHEN J. CLEMENTZ
STEPHEN J. CLEMENTZ
Signature of Debtor

Date: October 15, 2005 /s/ GLORIA T. CLEMENTZ
GLORIA T. CLEMENTZ
Signature of Debtor

ADVANTA
P. O. Box 8088
Philadelphia, PA 19101

CAPITAL ONE
P. O. Box 60000
Seattle, WA 98190

CITICARD
P. O. Box 6309
The Lakes, NV 88901

DISCOVER CARD
P. O. Box 30395
Salt Lake City, UT 84130-0395

FIFTH THIRD BANK
P. O. Box 740789
Cincinnati, OH 45274

FIFTH THIRD BANK
P. O. Box 630337
Cincinnati, OH 45263

FIRESTONE
Credit First
P. O. box81344
Cleveland, OH 44188

FIRST BANK & TRUST OF EVANSTON
820 Church Street
Evanston, IL 60201

GMAC
P. O. Box 217060
Auburn Hills, MI 48321

GREENPOINT MORTGAGE
P. O. Box 908
Newark, NJ 07101

HARRIS BANK
P. O. Box 6201
Carol Stream, IL 60197

ILLINOIS DEPT. OF REVENUE
100 W. Randolph Street
Bankruptcy Section
Chicago, IL 60601

INTERNAL REVENUE SERVICE
230 South Dearborn Street
Mail Stop 5010 CHI
Chicago, IL 60604

JC BEARS
33 Mead Avenue
Meadville, PA 16335

MBNA
P. O. Box 15286
Wilmington, DE 19886

MBNA
P. O. Box 15137
Wilmington, DE 19886

NEW SPIRIT CREDIT UNION
1931 N. Meacham Road
Schaumburg, IL 60173

US BANK
P. O. Box 790179
Saint Louis, MO 63179

US BANK
P. O. Box 790408
Saint Louis, MO 63179

WAUCONDA SHOPPING PLAZA
415 W. Liberty
Wauconda, IL 60084